

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09 / 64 608 4

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2				
4		0				
5		0				
6		0				
7		0				
8		0				
9	1					
10		1				
11				1		
12				1		
13				1		
14				1		
15				1		
16				1		
17				1		
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50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	18	←		←
TOTAL CLAIMS			20			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS